DFW

TRANSI	MITTA	Docket No. KEX-0023									
In Re Application Of: Ryan et al.											
Application No. Fil		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.					
10/542,887		6/19/2006		23413	1731	8354					
ANIONIC FUNCTIONAL PROMOTER AND CHARGE CONTROL AGENT WITH IMPROVED WET TO DRY TENSILE STRENGTH RATIO											
ATTENTO	Address to:  Commissioner for Patents  P.O. Box 1450  Alexandria, VA 22313-1450										
			37 CFR 1.97(b)								
of thr ap	1.   The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.										
	37 CFR 1.97(c)										
CF Fir	The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:										
☐ the statement specified in 37 CFR 1.97(e);											
OR											
	□ the f	ee set forth in 37 CF	<sup>-</sup> R 1.17(p).								

TRANSMITT	Docket No. KEX-0023										
In Re Application o	f: Ryan et al.										
Application No.	Filing Date	Examine	r	Customer No.	Group Art Unit	Confirmation No.					
10/542,887	6/19/2006			23413	1731	8354					
Title: ANIONIC FUNCTIONAL PROMOTER AND CHARGE CONTROL AGENT WITH IMPROVED WET TO DRY TENSILE STRENGTH RATIO											
Payment of Fee  (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))											
☐ The Director as describer as describer ☐ Ch ☐ Cru ☐ Ch ☐ Ch ☐ Payment by ☐ WARNING included of ☐ Certific ☐ I certify that this account is bein	ed below.  arge the amount of edit any overpaymen arge any additional f y credit card. Form P : Information on thi	t. ee required. TO-2038 is attached s form may become credit card inform y Facsimile*	mme public. Credit card information should not be brmation and authorization on PTO-2038.  Certificate of Mailing by First Class Mail  I hereby certify that this correspondence is being deposited								
	Signature			Signature of Per	son Mailing Correspondence						
Typed or I	Printed Name of Person Sig	ning Certificate	Тур	ed or Printed Name	d Name of Person Mailing Certificate						
*This certific deposit acco J. Michael Buchana Customer No. 2341 Cantor Colburn LI 20 Church Street, 2 Hartford, CT 06103 Telephone No. 860-	Signature  an 3 .P 2nd Floor	if paying by	Dated:	January 7, 2008	3						
cc:											